2019 Mar-15 AM 11:51 U.S. DISTRICT COURT N.D. OF ALABAMA

2:19-CV-450-MHH

IN FORMA PAUPERIS AFFIDAVIT U.S. BISTRICT COURT N.D. UF ALASAMA

	Declaring that the information I have given below is true and correct, I apply to this court				
	□ appointment of an attorney				
	authority to commence an action without prepayment of fees, costs or security				
	PERSONAL AND FINANCIAL DATA				
	A. Your full name and present mailing address:				
	Butord Lee Burks				
	322 8th Terrace West				
	Birmingham, AL. 35204				
	Birmingham, AL. 35704 Telephone (if any): 305-413-1850				
	B. Are you presently employed? Yes No				
	If the answer is "yes," give the name and address of your employer and the amount of your usual weekly salary or wages. Fort-time Kelly Education Services				
	204 Laleshore Die Suite 105				
	Barnongh un, Alabana 35209				
,	Weekly earnings: \$ 120,00				
	If you are not presently employed, give name and address of your last employer, when you last worked, and the amount of weekly salary or wages you were receiving.				
-					
]	Date last worked: March 13, 2019				
,	Weekly earnings: \$ 187.70				

Five dollars Checkers so, boats, or other ing)?
five dullais Checkers Five cents sav. s, boats, or other
five dullicis Checkery ins five cents sav.
five dollais Checkery ins five cents sav. s, boats, or other
five dullisis Checkery ins five cents sav.
Checking Checking five cents Sav. s, boats, or other
s, boats, or other
s, boats, or other
lue:
750,000
approximate total rently owe and/or

Relat Empl Weel Name Relat Empl	ionship:		
Empl Weel Name Relat Empl	oyer: :ly earnings: \$:: ionship:		
Weel Name Relat Empl	cly earnings: \$::ionship:	•	. •
Name Relat Empl	onship:		. •
Relat Empl	ionship:		
Empl			
_	over'		
. Week	-		
17 001	ly earnings: \$		
than	100 per mourn and 17	Security and can earn no	ho be
	(Attach additional	sheets as needed)	
	TO OBTAIN AN ATTORNEY leted if requesting Appointmen	ıt of an Attorney)	
A. Have Yes_	you talked with an attorney abou	nt handling your claim?	
f "ves." give	the following information about	t each attorney with whom you ha	ve talked:
, , ,			
Attorney: When:			
Attorney: When: Where:			-

	В.	Explain any other effect you have made to contact an attorney to handle your claim.
	C.	Any other information which supports your application for the court to appoint an attorney for you:
	D.	Name and address of each attorney who has represented you in the last ten (10) years for any purpose:
		(Attach additional sheets as needed)
III. Under and co	penalty	of perjury, I declare that the information given on the preceding pages is true
Date:	Ma	Signature Signature
WITN	ESS:	